

Opening Statement of the Honorable Fred Upton
Subcommittee on Health
Hearing on “Health Care Solutions: Increasing Patient Choice and Plan Innovation”
May 11, 2016

(As Prepared for Delivery)

Today’s hearing is an important discussion on what Congress can do to help Americans across the country access better care at a lower cost. Individuals and families across the country are seeing growing premiums and deductibles, yet are seeing provider networks narrow and restrict access to life-saving medicines and treatments. Folks in Michigan and the country are frustrated. The health care system was turned upside down, promises were not kept, costs have gone up while quality has deteriorated.

We have to chart a better path forward to reforming our insurance markets so they better serve the patients. That’s what this effort is all about. We can strengthen health coverage by expanding plan offerings that allow for real choice – as well as incentivizing market innovation without mandates. I have laid out many ideas to do this in the Patient CARE Act that I authored with Senators Orrin Hatch and Richard Burr. And our committee members have laid out dozens of ideas that put the power to choose in the hands of patients.

Let’s establish another point from the start: House Republicans believe that no patient should be denied coverage or experience coverage shortages simply because they are sick.

There are various ideas of how to accomplish our goals without interrupting the health insurance market; including providing guaranteed issue and continuous coverage protections. Continuous coverage means that if a patient gets a new job, retires, or switches plans because their family moves, they will not be charged more than standard rates – even if they are dealing with a serious medical issue.

Protecting our most vulnerable patients with pre-existing condition safeguards is just as much about helping them keep health coverage as it is about creating an environment for them to get health coverage. Continued enrollment can lead to lower costs and stable markets, which gives consumers a pathway to choose more innovative options.

Today, we will talk about ways to achieve this through market reforms instead of government mandates, like encouraging states to lower costs through premium reduction programs. Options, like advanced high risk pools, can also open new access points to the market while helping keep patient costs down.

Headlines across the country confirm that patients are paying higher premiums and seeing fewer options. Patients are exiting the marketplace. Plans are leaving the exchanges.

Simply put, we are six years into the president’s health care law and it is not working. One disturbing fact that confirms the need for reform is that 19 of the 37 states on HealthCare.gov saw double-digit premium increases for the second-lowest cost silver plan. Even worse, three of these states saw benchmark rates go up 30 percent. And S&P reported Monday that individual market costs jumped 23 percent in 2015.

This is why we are here today – to discuss the merits of ideas for increasing patient choice and incentivizing plan innovation. I look forward to the witness testimony and I encourage a thoughtful dialogue about ideas.

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